

TITLE 9. HEALTH SERVICES
CHAPTER 10. DEPARTMENT OF HEALTH SERVICES
HEALTH CARE INSTITUTIONS: LICENSING
ARTICLE 2. HOSPITALS

R9-10-101. Definitions

33. “Medical services” means the services pertaining to medical care that are performed at the direction of a physician on behalf of patients by physicians, dentists, nurses and other professional and technical personnel.
37. “Nursing services” means those services pertaining to the curative, restorative and preventive aspects of nursing care that are performed at the direction of a physician by or under the supervision of a registered nurse licensed in this state.

R9-10-201. Definitions

In addition to the definitions in A.R.S. § 36-401 and A.A.C. Title 9, Chapter 10, Article 1, the following definitions apply in this Article:

1. “Accredited” has the same meaning as in A.R.S. § 36-422(I).
2. “Activities of daily living” means bathing, dressing, grooming, eating, ambulating, and toileting.
3. “Acuity” means a patient’s need for hospital services based on the patient’s medical condition.
4. “Acuity plan” means a method for establishing nursing personnel requirements by unit based on a patient’s acuity.
5. “Administrator” means a chief administrative officer, or an individual who has been designated by the governing authority to act on its behalf in the onsite direction of the hospital.
6. “Admission” or “admitted” means documented acceptance by a hospital of an individual as an inpatient on the order of a medical staff member.
7. “Adult” means an individual the hospital designates as an adult based on the hospital’s criteria.
8. “Adverse reaction” means an unexpected outcome that threatens the health and safety of a patient as a result of medical services provided to the patient.
9. “Anesthesiologist” means a physician granted clinical privileges to administer anesthesia.
10. “Assessment” means an analysis of a patient’s current medical condition and need for hospital services.

11. “Attending physician” means a physician with clinical privileges who is accountable for the management of medical services delivered to a patient.
12. “Attending physician’s designee” means a physician, physician assistant, registered nurse practitioner, or medical staff member who has clinical privileges and is authorized by medical staff bylaws to act on behalf of the attending physician.
13. “Authenticate” means to establish authorship of a document or an entry in a medical record by:
 - a. A written signature;
 - b. An individual’s initials, if the individual’s written signature already appears on the document or in the medical record;
 - c. A rubber-stamp signature; or
 - d. An electronic signature code.
14. “Available” means:
 - a. For an individual, the ability to be contacted by any means possible such as by telephone or pager;
 - b. For equipment and supplies, retrievable at a hospital; and
 - c. For a document, retrievable at a hospital or accessible according to the time-frames in the applicable rules in this Article.
15. “Biohazardous medical waste” has the same meaning as in A.A.C. R18-13-1401.
16. “Biologicals” mean medicinal compounds prepared from living organisms and their products such as serums, vaccines, antigens, and antitoxins.
17. “Care plan” means a documented guide for providing nursing services and rehabilitative services to a patient that includes measurable objectives and the methods for meeting the objectives.
18. “Clinical laboratory services” means the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of a disease or impairment of a human being, or for the assessment of the health of a human being, including procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body.
19. “Clinical privilege” means authorization to a medical staff member to provide medical services granted by a governing authority or according to medical staff bylaws.
20. “Communicable disease” has the same meaning as in A.A.C. R9-6-101.

21. "Consultation" means an evaluation of a patient requested by a medical staff member.
- ~~22.~~ 22. "Continuing care nursery" means a nursery where medical services and nursing services are provided to a neonate who does not require intensive care services.
- ~~22.~~23. "Contracted services" means hospital services provided according to a written agreement between a hospital and the person providing the hospital services.
- ~~23.~~24. "Controlled substance" has the same meaning as in A.R.S. § 36-2501.
- ~~24.~~25. "Critically ill inpatient" means an inpatient whose severity of medical condition requires the nursing services of specially trained registered nurses for:
- a. Continuous monitoring and multi-system assessment,
 - b. Complex and specialized rapid intervention, and
 - c. Education of the patient or patient's representative.
- ~~25.~~26. "Current" means up-to-date and extending to the present time.
- ~~26.~~27. "Device" has the same meaning as in A.R.S. § 32-1901.
- ~~27.~~28. "Diet" means food and drink provided to a patient.
- ~~28.~~29. "Diet manual" means a written compilation of diets.
- ~~29.~~30. "Dietary services" means providing food and drink to a patient according to an order.
- ~~30.~~31. "Disaster" means an unexpected adverse occurrence that affects a hospital's ability to provide hospital services.
- ~~31.~~32. "Discharge" means a hospital's termination of hospital services to an inpatient or an outpatient.
- ~~32.~~33. "Discharge instructions" means written information relevant to a patient's medical condition provided by a hospital to the patient at the time of discharge.
- ~~33.~~34. "Discharge planning" means a process of establishing goals and objectives for an inpatient in preparation for the inpatient's discharge.
- ~~34.~~35. "Diversion" means notification to an emergency medical services provider, as defined in A.R.S. § 36-2201, that a hospital is unable to receive a patient from an emergency medical services provider.
- ~~35.~~36. "Documentation" or "documented" means information in written, photographic, electronic, or other permanent form.
- ~~36.~~37. "Drill" means a response to a planned, simulated event.
- ~~37.~~38. "Drug" has the same meaning as in A.R.S. § 32-1901.
- ~~38.~~39. "Drug formulary" means a written compilation of medication developed according to R9-10-217.
- ~~39.~~40. "Electronic" has the same meaning as in A.R.S. § 44-7002.

- ~~40~~41. “Electronic signature” has the same meaning as in A.R.S. § 44-7002.
- ~~41~~42. “Emergency” means an immediate threat to the life or health of a patient.
- ~~42~~43. “Emergency services” means unscheduled medical services provided in a designated area to an outpatient in an emergency.
- ~~43~~44. “Environmental services” means activities such as housekeeping, laundry, and facility and equipment maintenance.
- ~~44~~45. “Exploitation” has the same meaning as in A.R.S. § 46-451.
- ~~45~~46. “General hospital” means a subclass of hospital that provides surgical services and emergency services.
- ~~46~~47. “Gynecological services” means medical services for the diagnosis, treatment, and management of conditions or diseases of the female reproductive organs or breasts.
- ~~47~~48. “Health care directive” has the same meaning as in A.R.S. § 36-3201.
- ~~48~~49. “Hospital” means a class of health care institution that provides, through an organized medical staff, inpatient beds, medical services, and continuous nursing services for the diagnosis and treatment of patients.
- ~~49~~50. “Hospital premises” means a hospital’s licensed space excluding, if applicable, space in an accredited outpatient facility under the hospital’s single group license, or space leased by the hospital to another entity according to the lease terms.
- ~~50~~51. “Hospital services” means medical services, nursing services, and other health-related services provided in a hospital.
- ~~51~~52. “Incident” means an unexpected occurrence that harms or has the potential to harm a patient while the patient is on a hospital’s premises.
- ~~52~~53. “Infection control risk assessment” means determining the risk for transmission of communicable diseases.
- ~~53~~54. “Informed consent” means advising a patient of a proposed medical procedure, alternatives to the medical procedure, associated risks, and possible complications, and obtaining authorization of the patient or the patient’s representative for the procedure.
- ~~54~~55. “Inpatient” means an individual who:
- a. Is admitted to a hospital; or
 - b. Receives hospital services for 24 consecutive hours or more.
- ~~55~~56. “Inservice education” means organized instruction or information related to hospital services provided to a personnel member or a medical staff member.

- ~~56~~57. “Intensive care services” means hospital services provided to a critically ill inpatient who requires the services of specially trained nursing and other personnel members as specified in hospital policies and procedures.
- ~~57~~58. “Interval note” means documentation updating a patient’s medical condition after a medical history and physical examination are performed.
- ~~58~~59. “License” means documented authorization:
- a. Issued by the Department to operate a health care institution; or
 - b. Issued to an individual to practice a profession in this state.
- ~~59~~60. “Manage” means to implement policies and procedures established by a governing authority, an administrator, or an individual providing direction to a personnel member.
- ~~60~~61. “Medical condition” means the state of a patient’s physical or mental health, including the patient’s illness, injury, or disease.
- ~~61~~62. “Medical history” means a part of a patient’s medical record consisting of an account of the patient’s health, including past and present illnesses or diseases.
- ~~62~~63. “Medical record” has the same meaning as in A.R.S. § 12-2291.
- ~~63~~64. “Medical staff member” means a physician or other licensed individual who has clinical privileges in a hospital.
- ~~64~~65. “Medical staff bylaws” means standards, approved by the medical staff and governing authority, that provides the framework for the organization, responsibilities and self-governance of the medical staff.
- ~~65~~66. “Medical staff regulations” means standards, approved by the medical staff, that govern the day-to-day conduct of the medical staff members.
- ~~66~~67. “Medication” has the same meaning as drug.
- ~~67~~68. “Monitor” or “monitoring” means observing a patient’s medical condition.
- ~~69~~69. “Multi-organized service unit” means an inpatient unit in a hospital where more than one organized service may be provided to a patient in the inpatient unit.
- ~~68~~70. “Neonate” means an individual:
- a. From birth until discharge following birth; or
 - b. Who is designated as a neonate by hospital criteria.
- ~~69~~71. “Nurse” has the same meaning as registered nurse or practical nurse as defined in A.R.S. § 32-1601.
- ~~70~~72. “Nurse anesthetist” means a registered nurse who meets the requirements of A.R.S. § 32-1661 and who has clinical privileges to administer anesthesia.

- ~~71~~73. “Nurse executive” means a registered nurse accountable for the direction of nursing services provided in a hospital.
- ~~73~~74. “Nurse supervisor” means a registered nurse accountable for managing nursing services provided in an organized service in a hospital.
- ~~72~~75. “Nursery” means an area in a hospital designated only for neonates.
- ~~74~~76. “Nursing personnel” means an individual authorized by hospital policies and procedures to provide nursing services to a patient.
- ~~75~~77. “Nutrition assessment” means a process for determining a patient’s dietary needs using information contained in the patient’s medical record.
- ~~76~~78. “On call” means a time during which an individual is available and required to come to a hospital when requested by the hospital.
- ~~77~~79. “Order” means an instruction to provide medical services, as authorized by the governing authority, to a patient by:
- a. A medical staff member,
 - b. An individual licensed under A.R.S. Title 32 or authorized by a hospital within the scope of the individual’s license, or
 - c. A physician who is not a medical staff member.
- ~~78~~80. “Organized service” means specific medical services, such as surgical services or emergency services, provided in an area of a hospital designated for the provision of those medical services.
- ~~79~~81. “Orientation” means the initial instruction and information provided to an individual starting work in a hospital.
- ~~80~~82. “Outpatient” means an individual who:
- a. Is not admitted to a hospital; or
 - b. Receives hospital services for less than 24 consecutive hours.
- ~~81~~83. “Pathology” means an examination of human tissue for the purpose of diagnosis or treatment of an illness or disease.
- ~~82~~84. “Patient” means an individual receiving hospital services.
- ~~83~~85. “Patient care” means hospital services provided to a patient by a personnel member or a medical staff member.
- ~~84~~86. “Patient’s representative” means a patient’s legal guardian, an individual acting on behalf of a patient with the written consent of the patient, or a surrogate as defined in A.R.S. § 36-3201.

- ~~85.~~87. “Pediatric” means pertaining to an individual designated by a hospital as a child based on the hospital’s criteria.
- ~~86.~~88. “Perinatal services” means medical services for the treatment and management of obstetrical patients and neonates.
- ~~87.~~89. “Person” has the same meaning as in A.R.S. § 1-215 and includes governmental agencies.
- ~~88.~~90. “Personnel member” means:
- a. A volunteer, or
 - b. An individual, except for a medical staff member or private duty staff, who provides hospital services for compensation, including an individual who is compensated by an employment agency.
- ~~89.~~91. “Pharmacist” has the same meaning as in A.R.S. § 32-1901.
- ~~90.~~92. “Physical examination” means to observe, test, or inspect an individual’s body to evaluate health or determine cause of illness or disease.
- ~~91.~~93. “Postanesthesia care unit” means a designated area for monitoring a patient following a medical procedure for which anesthesia was administered to the patient.
- ~~92.~~94. “Private duty staff” means an individual, excluding a personnel member, compensated by a patient or the patient’s representative.
- ~~93.~~95. “Psychiatric services” means the diagnosis, treatment, and management of mental illness.
- ~~94.~~96. “Quality management program” means activities designed and implemented by a hospital to improve the delivery of hospital services.
- ~~95.~~97. “Registered dietitian” means an individual approved to work as a dietitian by the American Dietetic Association’s Commission on Dietetic Registration.
- ~~97.~~98. “Registered nurse” has the same meaning as in A.R.S. § 32-1601.
- ~~96.~~99. “Rehabilitation services” means medical services provided to a patient to restore or to optimize functional capability.
100. “Require” means to carry out an obligation imposed by this Article.
- ~~98.~~101. “Respiratory care services” has the same meaning as practice of respiratory care as defined in A.R.S. § 32-3501.
- ~~99.~~102. “Restraint” means any chemical or physical method of restricting a patient’s freedom of movement, physical activity, or access to the patient’s own body.
- ~~101.~~103. “Risk” means potential for an adverse outcome.
- ~~102.~~104. “Rural general hospital” means a subclass of hospital having 50 or fewer inpatient beds and located more than 20 surface miles from a general hospital or another rural general

hospital, and that elects to be licensed as a rural general hospital rather than a general hospital.

~~403.~~105. “Satellite facility” has the same meaning as in A.R.S. § 36-422(I).

~~404.~~106. “Seclusion” means the involuntary solitary confinement of a patient in a room or an area where the patient is prevented from leaving.

~~405.~~107. “Shift” means the beginning and ending time of a work period established by hospital policies and procedures.

~~406.~~108. “Single group license” means a license that includes authorization to operate health care institutions according to A.R.S. § 36-422(F) and (G).

~~407.~~109. “Social services” means assistance, other than medical services, provided by a personnel member to a patient to meet the needs of the patient while in the hospital or the anticipated needs of the patient after discharge.

~~408.~~110. “Social worker” means an individual who has at least a baccalaureate degree in social work from a program accredited by the Council on Social Work Education or who is certified according to A.R.S. Title 32, Chapter 33.

~~409.~~111. “Special hospital” means a subclass of hospital that:

- a. Is licensed to provide hospital services within a specific branch of medicine, or
- b. Limits admission according to age, gender, type of disease, or medical condition.

~~410.~~112. “Specialty” means a specific area of medicine practiced by a licensed individual who has obtained education or qualifications in the specific area in addition to the education or qualifications required for the individual’s license.

~~411.~~113. “Student” means an individual attending an educational institution and working under supervision in a hospital through an arrangement between the hospital and the educational institution.

~~412.~~114. “Surgical services” means medical services involving the excision or incision of a patient’s body for the:

- a. Correction of a deformity or a defect;
- b. Repair of an injury; or
- c. Diagnosis, amelioration, or cure of disease.

~~413.~~115. “Telemedicine” has the same meaning as in A.R.S. § 36-3601.

~~414.~~116. “Transfer” means a hospital discharging a patient and sending the patient to another licensed health care institution as an inpatient or resident without intending that the patient be returned to the sending hospital.

~~115.~~117. “Transfusion” means the introduction of blood or blood products from one individual into the body of another individual.

~~116.~~118. “Transport” means a hospital sending a patient to another health care institution for outpatient medical services with the intent of returning the patient to the sending hospital.

~~117.~~119. “Treatment” means a procedure or method to cure, improve, or palliate a medical condition.

~~118.~~120. “Unit” means a designated area of an organized service.

~~119.~~121. “Verification” means:

- a. A documented telephone call including the information obtained, the date, and the name of the documenting individual;
- b. A documented observation including the information observed, the date, and the name of the documenting individual; or
- c. A documented confirmation of a fact including the date and the name of the documenting individual.

~~120.~~122. “Vital records” has the same meaning as in A.R.S. § 36-301.

~~121.~~123. “Vital statistics” has the same meaning as in A.R.S. § 36-301.

~~122.~~124. “Volunteer” means an individual, except a student, authorized by a hospital to work in the hospital who does not receive compensation.

~~123.~~125. “Well-baby bassinet” means a receptacle used for holding a neonate who does not require treatment and whose anticipated discharge is within 96 hours of birth.

R9-10-202. Application Requirements

A. For a hospital license, in addition to the license application requirements in A.R.S. § 36-422 and A.A.C. Title 9, Chapter 10, Article 1, a governing authority applying for an initial or renewal license shall submit the following to the Department:

~~1. For a hospital license:~~

- ~~a. A statement on a form provided by the Department of the licensed capacity requested for the hospital, including the number of inpatient beds for each organized service, not including well-baby bassinets.~~

1. A statement on a form provided by the Department of the licensed capacity requested for the hospital, including:

- a. The number of inpatient beds for each organized service, not including well-baby bassinets; and
- b. The number of inpatient beds for each multi-organized service unit, including:

- i. An adult unit that provides both intensive care services and medical and nursing services other than intensive care services.
 - ii. A pediatric unit that provides both intensive care services and medical and nursing services other than intensive care services.
 - iii. A unit that provides both perinatal services and intensive care services for obstetrical patients, or
 - iv. A unit that provides both intensive care services for neonates and a continuing care nursery.
- ~~b.2.~~ A list on a form provided by the Department of medical staff specialties and subspecialties; and
- ~~e.3.~~ A copy of an accreditation report if the hospital is accredited and chooses to submit a copy of the report instead of receiving a license inspection by the Department in compliance with A.R.S. § 36-424(C).
- ~~2.B.~~** For a single group license authorized in A.R.S.-§ 36-422(F) or (G), ~~In~~ in addition to the items listed in subsection (A)(1), a governing authority ~~applying for a single group license authorized in A.R.S. § 36-422(F) or (G):~~ shall submit the following to the Department on a form provided by the Department:
 - ~~a. — The items listed in subsection (A)(1); and~~
 - ~~b. — A form provided by the Department that includes:~~
 - ~~i.1.~~ The name, address, and telephone number of each accredited facility under the single group license;
 - ~~ii.2.~~ The name of the administrator for each accredited facility; and
 - ~~iii.3.~~ The specific times each accredited facility provides medical services.
- ~~B.C.~~** An administrator shall:
 - 1. Notify the Department when there is a change in administrator according to A.R.S. § 36-425(E);
 - 2. Notify the Department at least 30 days before an accredited facility on a single group license terminates operations; and
 - 3. Submit an application, according to the requirements in A.A.C. Title 9, Chapter 10, Article 1, at least 60 days but not more than 120 days before an accredited facility licensed under a single group license anticipates providing medical services under a license separate from the single group license.

R9-10-203. Administration

- A.** A governing authority shall:

1. Consist of one or more individuals accountable for the organization, operation, and administration of a hospital;
 - ~~2. Determine which organized services are to be provided in the hospital;~~
 2. Designate:
 - a. Which organized services are to be provided in the hospital, and
 - b. The organized services that are to be provided in a multi-organized service unit according to R9-10-226(A);
 3. Appoint an administrator in writing who:
 - a. Has a baccalaureate degree or a post-baccalaureate degree in a health care-related field;
 - b. Has at least three years of experience in health care administration; or
 - c. On December 5, 2006, was currently employed as an administrator in a licensed hospital;
 4. Approve hospital policies and procedures or designate an individual to approve hospital policies and procedures;
 5. Approve medical staff bylaws and medical staff regulations;
 6. Approve contracted services or designate an individual to approve contracted services;
 7. Grant, deny, suspend, or revoke a clinical privilege of a medical staff member or delegate authority to an individual to grant or suspend a clinical privilege for a limited time, according to medical staff bylaws;
 8. Adopt a quality management program according to R9-10-204;
 9. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
 10. Appoint an acting administrator if the administrator is expected to be absent for more than 30 days;
 11. Except if subsection (A)(10) applies, notify the Department in writing within five working days if there is a change of administrator and identify the name and qualifications of the new administrator;
 12. For a health care institution under a single group license, comply with the applicable requirements in A.A.C. Title 9, Chapter 10 and Chapter 20 for the class or subclass of the health care institution; and
 13. Comply with federal and state laws, rules, and local ordinances governing operations of a health care institution.
- B.** An administrator shall:

1. Be directly accountable to the governing authority for all hospital services and environmental services provided by a hospital;
2. Have the authority and responsibility to manage the hospital;
3. Act as a liaison between the governing authority and personnel; and
4. Designate, in writing, an individual who is available and accountable for hospital services and environmental services when the administrator is not available;

C. An administrator shall require that:

1. Hospital policies and procedures are established, documented, and implemented that:
 - a. Include personnel job descriptions, duties, and qualifications;
 - b. Cover orientation and inservice education for personnel, volunteers, and students;
 - c. Include duties of volunteers and students;
 - d. Include how a personnel member may submit a complaint relating to patient care;
 - e. Cover cardiopulmonary resuscitation training required in R9-10-206(6) including:
 - i. The method and content of cardiopulmonary resuscitation training;
 - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
 - iii. The time-frame for renewal of cardiopulmonary resuscitation training; and
 - iv. The documentation that verifies personnel have received cardiopulmonary resuscitation training;
 - f. Cover use of private duty staff, if applicable;
 - g. Cover diversion, including:
 - i. The criteria for initiating diversion;
 - ii. The categories or levels of personnel or medical staff that may authorize or terminate diversion;
 - iii. The method for notifying emergency medical services providers of initiation of diversion, the type of diversion, and termination of diversion; and
 - iv. When the need for diversion will be reevaluated;
 - h. Include a method to identify a patient to ensure the patient receives medical services as ordered;
 - i. Cover patient rights;
 - j. Cover health care directives;

- k. Cover medical records, including electronic medical records;
 - l. Cover quality management, including incident documentation;
 - m. Cover tissue and organ procurement and transplant; and
 - n. Cover hospital visitation, including visitations to a nursery, if applicable;
2. Hospital policies and procedures for hospital services are established, documented, and implemented that:
- a. Cover patient admission, transport, transfer, discharge planning, and discharge;
 - b. Cover acuity, including a process for obtaining sufficient nursing personnel to meet the needs of patients at all times;
 - c. Include when informed consent is required;
 - d. Include the age criteria for providing hospital services to pediatric patients;
 - e. Cover dispensing, administering, and disposing of medication and biologicals;
 - f. Cover infection control;
 - g. Cover restraints that require an order, including the frequency of monitoring and assessing the restraint;
 - h. Cover seclusion of a patient including:
 - i. The requirements for an order, and
 - ii. The frequency of monitoring and assessing a patient in seclusion;
 - i. Cover telemedicine, if applicable; and
 - j. Cover environmental services that affect patient care;
3. Hospital policies and procedures are reviewed at least once every 36 months and updated as needed;
4. Hospital policies and procedures are available to personnel and medical staff;
5. Licensed capacity in an organized service is not exceeded except for an emergency admission of a patient. If the licensed capacity of an organized service is exceeded:
- a. A medical staff member reviews the medical history of a patient scheduled to be admitted to the organized service to determine whether the admission is an emergency; and
 - b. A patient is not admitted to the organized service except in an emergency;
6. A patient is free from:
- a. The intentional infliction of physical, mental, or emotional pain unrelated to the patient's medical condition;
 - b. Exploitation;

- c. Seclusion or restraint if not medically indicated or necessary to prevent harm to self or others;
- d. Sexual abuse according to A.R.S. § 13-1404; and
- e. Sexual assault according to A.R.S. § 13-1406; and
- f. ~~A pattern of failure to provide hospital services without the informed consent of the patient or the patient's representative that results or may result in risk to the health and safety of the patient as determined by:~~
 - i. ~~The number of incidents;~~
 - ii. ~~How the incidents are related to each other;~~
 - iii. ~~When the incidents occurred; and~~
 - iv. ~~The amount of time between the incidents.~~

D. An administrator of a special hospital shall require that:

- 1. Medical services are available to an inpatient in an emergency based on the inpatient's medical conditions and the type of medical services provided by the special hospital; and
- 2. A physician or a nurse, qualified in cardiopulmonary resuscitation, is on the hospital premises at all times.

R9-10-220. Intensive Care Services

~~A. A general hospital or special hospital may provide intensive care services. A rural general hospital shall not provide intensive care services.~~

B.A. An administrator of a hospital that provides intensive care services shall require that:

- 1. Intensive care services are provided as an organized service in a designated area under the direction of a medical staff member;
- 2. A patient admitted for intensive care services is personally visited by a physician at least once every 24 hours;
- 3. Admission and discharge criteria for intensive care services are established;
- 4. A personnel member's responsibilities for initiation of medical services in an emergency to a patient in an intensive care unit pending the arrival of a medical staff member are defined and documented in hospital policies and procedures;
- 5. In addition to the requirements in R9-10-208(C), an intensive care unit is staffed:
 - a. With a minimum of one registered nurse assigned for every two patients; and
 - b. According to an acuity plan as required in R9-10-208;
- 6. Each intensive care unit has a policy and procedure that provides for meeting the needs of the patients at all times;

7. If the medical services of an intensive care patient are reduced to a lesser level of care in the hospital, but the patient is not physically relocated, the nurse to patient ratio is based on the needs of the patient;
8. Private duty staff do not provide hospital services in an intensive care unit;
9. At least one registered nurse assigned to a patient in an intensive care unit is qualified in advanced cardiopulmonary resuscitation specific to the age of the patient;
10. Resuscitation, emergency, and other equipment are available at all times to meet the needs of a patient including:
 - a. Ventilatory assistance equipment;
 - b. Respiratory and cardiac monitoring equipment;
 - c. Suction equipment;
 - d. Portable radiologic equipment; and
 - e. A patient weighing device for patients restricted to a bed; and
11. An intensive care unit has at least one emergency cart that is maintained according to R9-10-217.

C.B. A special hospital providing only psychiatric services and licensed according to A.R.S. Title 36, Chapters 4 and 5, is not subject to the requirements in this Section.

R9-10-226. **Multi-Organized Service Unit**

A. A governing authority may designate the following as a multi-organized service unit:

1. An adult unit that provides both intensive care services and medical and nursing services other than intensive care services,
2. A pediatric unit that provides both intensive care services and medical and nursing services other than intensive care services,
3. A unit that provides both perinatal services and intensive care services for obstetrical patients, or
4. A unit that provides both intensive care services for neonates and a continuing care nursery.

B. An administrator shall require that:

1. For a patient in a multi-organized service unit, a medical staff member designates which organized service is to be provided to the patient in the patient's medical record;
2. A multi-organized service unit complies with the requirements in this Article that would apply if each organized service were offered as a single organized service unit; and

3. A multi-organized service unit and each bed in the unit complies with physical plant health and safety codes and standards incorporated by reference in A.A.C. R9-1-412 for all organized services provided in the multi-organized service unit.